

06/14/00

JC853 U.S. PTO

06-16-00

A/RE

Please type a plus sign (+) inside this box → ☒

PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	226/132
First Named Inventor	Robert C. Dixon
Original Patent Number	5,850,600
Original Patent Issue Date (Month/Day/Year)	12/15/98
Express Mail Label No.	EL524788042US

APPLICATION FOR REISSUE OF:
(check applicable box)

Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

- ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribboned Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☐ * Small Entity Statement(s) ☐ Statement filed in prior application,
Status still proper and desired
(PTO/SB/09-12)
- ☐ Preliminary Amendment
- ☐ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☐ Other:

* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

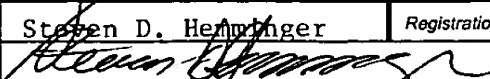
☐ Customer Number or Bar Code Label

22249

or ☐ Correspondence address below

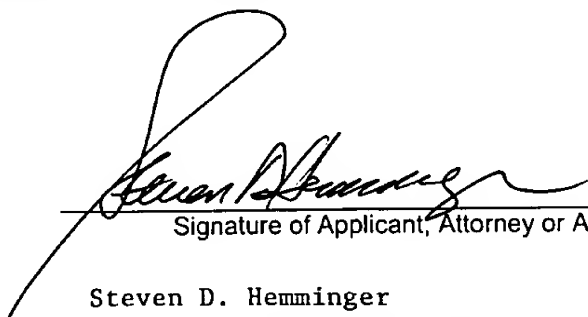
(Insert Customer No. or Attach bar code label here)

Name	Lyon & Lyon LLP				
Address	633 West Fifth Street, 47th Floor				
City	Los Angeles	State	CA	Zip Code	90071-2066
Country	U.S.A.	Telephone	(408) 993-1555	Fax	(408) 287-2664

NAME (Print/Type)	Steven D. Henninger	Registration No. (Attorney/Agent)	30,755
Signature		Date	6/14/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Express Mail #EL524788042US
Docket No. 226/132
June 14, 2000

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 226/132		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 25	**** 5 =	x \$	=	or	18 = 90.00	
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 5	* 2 =	x \$	=		78 = 156.00	
Basic Fee (37 CFR 1.16(h))					\$		\$ 690.00	
Total Filing Fee					\$	OR	\$ 936.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$	=	or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=		x \$ =
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); If "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p>								
<p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>12-2475</u>.</p> <p>A duplicate copy of this sheet is enclosed.</p>								
<p><input checked="" type="checkbox"/> A check in the amount of \$ <u>936.00</u> to cover the filing / additional fee is enclosed.</p>								
<u>6/14/00</u> Date		 Signature of Applicant, Attorney or Agent of Record Steven D. Hemminger Typed or printed name						
Express Mail #EL524788042US Docket No. 226/132 June 14, 2000								